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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 101 **]** 51 10 2 52 10 3 153 10 4 <u> 154</u> 105 55 10 6 156 107 <u> 157</u> 10 8 58 109 59 1 10 60 / 11 61 7 62 / 13 763 / 14 164 / 15 65 / 16 66 117 67 118 / 68 / 19 69 120 <u>/</u>70 / 21 171 /22 / 23 172 173 124 174 725 75 26 176 127 77 / 28 78 129 179 / 30 80 31 / 81 132 782 133 83 / 34 84 85 / 36 86 /37 187 188 (39 189 140 90 141 191 142 192 143 **/**93 144 194 45 195 196 I^{47} 197 148 198 49 99 150 200 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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